

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To

Alcohol & Drug Programs RF#209
1700 K Street
Sacramento, CA 95814

Employee Name ZITO, Renee
Expense Dates 03/10/10-03/25/10
Total Expense Amount 27.00
Amount Due Employee 27.00
Form ID TEA000621178

TRIP EXCEPTION(S)

	Item	Exception	Response
1)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes
2)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes
3)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes
4)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes

I have reviewed the following documents.

Approved
by:

MICHAEL S CUNNINGHAM

Travel & Expense Account Summary

Employee Name
Expense Dates
Report Name

Renee ZITO
03/10/10-03/25/10
March Claim

Request Total \$ 27.00
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = 27.00

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	OPG	4.00
Regular Travel	CADPAAC2	4.50
Regular Travel	CADPAAC	4.50
Regular Travel	Another Choice	14.00

NOTE: (d)=Direct Charge

DATE	Thy Mar 18									TOTAL
Mileage, Personal Auto	14.00									14.00
TOTALS \$	14.00									14.00

DATE	Wed Mar 24									TOTAL
Mileage, Personal Auto	4.50									4.50
TOTALS \$	4.50									4.50

DATE	Thy Mar 25									TOTAL
Mileage, Personal Auto	4.50									4.50
TOTALS \$	4.50									4.50

Travel & Expense Account Summary

DATE	Wed Mar 10									TOTAL
Mileage Personal Auto	4.00									4.00
TOTALS \$	4.00									4.00